

3

District (if applicable)

PAGE 2 OF 13

Sunrise Healthcare System Good Government Funds PAC

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # 3

Sunrise Healthcare System Good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
COMMITTEE TO ELECT LONNIE HAMMARGREN 4318 RIDGECREST DR LAS VEGAS NV 89121			2,000 ⁰⁰ / ₌
COMMITTEE TO ELECT MARIL MANUENDO 4629 BUTTERFLY CIRCLE LAS VEGAS NV 89122			500 ⁰⁰ / ₌
COMMITTEE TO ELECT WALTER ANDONOV PO Box 531106 HENDERSON, NV 89053			1,000 ⁰⁰ / ₌
COMMITTEE TO ELECT DAVID BROWN 701 N. GREEN VALLEY PARKWAY, Ste 200 HENDERSON NV 89074			500 ⁰⁰ / ₌
COMMITTEE TO ELECT RICHARD PERKINS 408 GLASGOW ST HENDERSON, NV 89015			1,000 ⁰⁰ / ₌
COMMITTEE TO ELECT VONNE CHOWNING PO Box 43211 LAS VEGAS NV 89116			500 ⁰⁰ / ₌
COMMITTEE TO ELECT JOSH GRIFFIN 792 CAMINO LA PAZ HENDERSON NV 89012			500 ⁰⁰ / ₌
COMMITTEE TO ELECT FRANCES ALLEN P.O. Box 34718 LAS VEGAS NV 89133			250 ⁰⁰ / ₌
COMMITTEE TO ELECT DAVID PARKS 1700 GABRIEL DR. LAS VEGAS NV 89119			500 ⁰⁰ / ₌

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CAMPAIGN EXPENSES

Report Period

3

SUNRISE HEALTHCARE SYSTEM GOOD GOVERNMENT FUNDS PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
COMMITTEE TO ELECT KATHY AUGUSTINE 1400 MARIA ELENA DR LAS VEGAS NV 89104			500 ⁰⁰ / ₂
COMMITTEE TO ELECT SANDRA TIFFANY 2156 SUN SWEEP WAY HENDERSON NV 89074			1,000 ⁰⁰ / ₂
COMMITTEE TO ELECT TERRY CARE 4371 WOODCREST RD LAS VEGAS, NV 89121			500 ⁰⁰ / ₂
COMMITTEE TO ELECT BARBARA CELASKE 6465 LAREDO STREET LAS VEGAS NV 89146			500 ⁰⁰ / ₂
COMMITTEE TO ELECT DENNIS NOLAN PO BOX 82249 LAS VEGAS NV 89180			2,000 ⁰⁰ / ₂
COMMITTEE TO ELECT WARREN HARDY 6536 BLUE SAPPHIRE CT LAS VEGAS, NV 89110			1,000 ⁰⁰ / ₂
COMMITTEE TO ELECT TOM COLLINS 4716 W. SAN MIGUEL AVE NORTH LAS VEGAS NV 89032			500 ⁰⁰ / ₂
COMMITTEE TO ELECT GARN MAREY 1404 SILVER OAKS ST LAS VEGAS, NV 89117			500 ⁰⁰ / ₂
COMMITTEE TO ELECT BOB BEERS 7310 WEST SMOKE RANCH RD. SUTER LAS VEGAS, NV 89128			500 ⁰⁰ / ₂

CAMPAIGN EXPENSES

Report Period

3

SUNRISE HEALTHCARE SYSTEM GOOD GOVERNMENT FUNDS PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
COMMITTEE TO ELECT MORSE HILBERRY 2551 S. FORT APACHE RD SUITE 102 LAS VEGAS NV 89117		10/25/2002	1,000 ⁰⁰ / ₂
COMMITTEE TO ELECT BARBARA BUCKLEY 5442 HOLBROOK DR. LAS VEGAS NV 89103		10/25/2002	1,000 ⁰⁰ / ₂
COMMITTEE TO ELECT CHRIS GIANCIGNANI 706 BRACKEN AVE LAS VEGAS, NV 89104		10/25/2002	500 ⁰⁰ / ₂
COMMITTEE TO ELECT DAVID GOLDWATER 2701 MIRAFLORES AVE LAS VEGAS, NV 89102		10/25/2002	500 ⁰⁰ / ₂
COMMITTEE TO ELECT BERNICE MATTHEWS PO BOX 7176 RENO NV 89510		11/26/2002	500 ⁰⁰ / ₂
COMMITTEE TO ELECT MAURICE WASHINGTON PO BOX 1166 SPARKS NV 89432		11/26/2002	500 ⁰⁰ / ₂
COMMITTEE TO ELECT MARK AMODEI 805 W. SUNSET WAY CARSON CITY, NV 89703		11/26/2002	500 ⁰⁰ / ₂
COMMITTEE TO ELECT TOM GRADY 43 FAIRWAY DR VERMINGTON NV 89447		11/26/2002	500 ⁰⁰ / ₂

Name (print)

Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

[illegible][illegible]

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

#3

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

(*) ITEM OVERLOOKED AND NOT REPORTED IN REPORTING PERIOD #2
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District (if applicable)

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**IN KIND CAMPAIGN
EXPENSES**

Report Period # **3**

SUNRISE HEALTHCARE SYSTEM GOOD GOVT FUND PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
COMMITTEE TO ELECT LONNIE HAMMARDA 4318 RIDGECREST DR LAS VEGAS NV 89121	FOOD & CATERING FOR FUND RAISER	(*) 9/29/2002	\$3,814 ⁰⁰ / ₂

(*) ITEM OVERLOOKED AND NOT REPORTED IN REPORTING PERIOD #2

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**IN KIND CAMPAIGN
EXPENSES**

Report Period

3

SUNRISE HEALTHCARE SYSTEM GOOD GOVERNMENT FUNDS PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
	NONE	

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